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Quality of Care and Outcomes Assessment

ASSOCIATION BETWEEN HEART FAILURE DIAGNOSIS, LEFT VENTRICULAR EJECTION FRACTION, AND MEASURES OF PATIENT-ASSESSED QUALITY OF LIFE AND FUNCTIONAL STATUS

Poster Contributions
Poster Sessions, Expo North
Saturday, March 09, 2013, 10:00 a.m.-10:45 a.m.

Session Title: Improving Heart Failure Outcomes
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Background: Both systolic and diastolic heart failure (HF) are associated with increased risk and can adversely impact patients' (pt) health status, symptoms, function, and quality of life (QOL). The association of left ventricular ejection fraction (LVEF), a critical determinant of prognosis, with health status is unknown. We sought to examine the association between the presence of HF diagnosis and/or symptoms (sx) and LVEF with measures of patient-assessed QOL and functional status.

Methods: We collected data from the Kansas City Cardiomyopathy Questionnaire (KCCQ; a self-administered instrument quantifying physical function, sx, self-efficacy, and QOL) and the Duke Activity Scale Index (DASI; an instrument estimating functional capacity) via tablet computers in 951 pts presenting for routine assessment in an outpatient cardiology clinic between 11/10 and 12/11, along with demographic, clinical, and historical data. Physicians independently made a diagnosis of HF and HF symptoms. We examined the association of the physician assessments with the 2 pt-reported measures and LVEF after adjusting for other baseline characteristics and potential confounders with multiple linear regression.

Results: Of 951 pts (91% white, 56% male, age 61.7±14), 22% had HF diagnosis or sx. Pts without HF had greater DASI (7.0±5.4 vs 4.0±3.9) and KCCQ (clinical summary: 76.9±21.7 vs 63.8±23.2; overall summary: 75.3±22.7 vs 62.1±23.9; all $p<0.001$) scores than HF pts. After adjusting for potential confounders using multiple regression, both HF ($p<0.005$) and LVEF ($p<0.05$) were associated with DASI. However, after risk-adjustment, HF was associated with KCCQ overall and clinical summary scores (both $p<0.005$), but LVEF was not ($p=0.17$ and 0.21, respectively). After risk-adjustment, HF was associated with all KCCQ subscores (QOL, physical limitation, self-efficacy, sx burden, stability, and frequency; all $p<0.01$), but LVEF was only associated with the physical limitation subscore ($p<0.003$).

Conclusion: While physician confirmation of HF and its symptoms was associated with patient-reported health status, LVEF was not. This suggests that EF is a poor measure of the impact of HF on patients' health status.